

INSTRUCTIONS FOR COMPLETING APPLICATION FORM FOR NON-PRICING CHILD CARE CENTER

Completion of HS-1964A Application Form

The HS-1964A application form is to be completed by a center in which meals are part of the tuition payments for child care. Please follow the instructions below to properly complete this form and include it with your application package:

1. Sections 1 through 4 are self-explanatory.
2. For Private Non-Profit, Public and Church Sponsored Center only, enter in Section 5A the name, mailing address and date of birth of your center's Executive Director and Chairperson of the Board of Directors. Those centers which are operated by state colleges and universities are **not** required to submit information for the Board Chairperson.
3. For Proprietary (Privately Owned) Center only, enter in Section 5B the name(s), mailing address(es) and date(s) of birth for the owner(s). If center is part of a corporation which provides child care services in three or more states, data may be entered for a corporate representative who has management responsibility for the center.
4. Section 6A is self-explanatory.
5. In Section 6B, identify the type of participation for center. It may participate as an independent center, sponsored affiliated center or sponsored unaffiliated center. If only one licensed child or adult care facility is to participate, center may participate as an independent center. Center may also participate as a sponsored affiliated center if it is legally affiliated with an agency that is sponsoring its participation in the CACFP. In addition, center may participate as a sponsored unaffiliated center if it is **not** legally affiliated with sponsoring agency.
6. Identify in Section 7 the center's type of eligibility to participate in the CACFP. The center may participate as a private non-profit center, a public center which is legally affiliated with a unit of local, state or federal government, a church sponsored center, or a proprietary (for profit) center.
7. To complete Section 8, please attach a copy of letter from the Internal Revenue Service which identifies the center's federal income tax exemption, if center is to participate in the CACFP as a private non-profit entity.
8. To complete Section 9, attach photocopies of the proposed menus to be used in meal services if applying to participate in the CACFP as a new center.
9. To complete Section 10, please attach a letter from the Chairman of the Governing Board or Pastor which authorizes this application, if center is to

participate in the CACFP as a church affiliated center. In addition, please attach a copy of the state sales tax exemption letter which was issued to the church by the Tennessee Department of Revenue.

10. To complete Section 11, please attach a copy of minutes of the Board meeting in which this CACFP application was approved, if center is to participate in the CACFP as a private non-profit or public center with a governing Board of Directors. State colleges and universities are exempt from this requirement.
11. To complete Section 12, attach a copy of the most recent Enrollment/Attendance Verification to the DHS **OR** copies of Child Care Certificates for at least 25% of center's enrollment, **OR** copies of completed income eligibility applications for free or reduced-price participants.
12. To complete Section 13, please attach a photocopy of current child care license.
13. If the center is to participate as an independent center in the CACFP, please indicate in Section 14 if the total federal funds received by the center through the State of Tennessee and expended during the center's prior fiscal year, **and** the total federal funds received by the center directly from the federal government and expended during the center's prior fiscal year exceeded \$500,000. Do not include any vendor child care payments received under the Tennessee Child Care Certificate Program in this determination.

If the total federal funds exceeded \$500,000, the center is required to have an audit to participate in the CACFP.

14. For Section 15, please complete the attached budget only if center is to participate as an independent center. To complete the budget, perform the following:
 - a. Enter the estimated meal payments to be received for the program year;
 - b. Enter the estimated expenditures for the program year;
 - c. Complete the personnel salary schedule by entering the requested data for each position to be charged to the CACFP; and
 - d. Complete the travel budget if any travel costs are to be charged to the CACFP.

Please note that if your center will charge salaries or wages to the CACFP, you must have a Written Compensation Policy, and must use Time and Attendance and Time Distribution Reports to establish and support the salaries or wages to be charged as CACFP labor costs.

The budget will be reviewed to determine if adequate personnel are available to administer the program. For any positions that will perform CACFP responsibilities and that are not included in the budget, please attach information

that provides the names of the employees, position titles, duties and funding sources.

15. To complete Section 16, enter the number of participants by eligibility category (free, reduced-price and paid), if a renewing center. For all centers (both new and renewing), enter the total number of current enrolled participants.
16. For Section 17, provide the number of potential eligible children in your center's service area by the ethnic/racial categories identified. Sources for this information may include census data or public school enrollment data.

The ethnic category of Hispanic or Latino is defined as follows:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The racial categories are defined as follows:

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

17. Sections 18A through 20 are self-explanatory.
18. To complete Section 21, please identify the method(s) by which your meals will be provided. Please note that if any meals are purchased from a food service management company or private company you must attach a copy of executed contract between center and private company for the program year.
19. In Section 22, identify the meal services to participate in the CACFP. There must be at least two (2) hours between the end of each type of meal service (i.e., breakfast, a.m. supplement, lunch, p.m. supplement, supper and evening supplement) and the beginning of the next type of meal service.

20. If center is to participate as a “sponsored affiliated center”, do not enter any data for Sections 23 through 30. Please read the “Certification Statement” at the end of the application and sign and date the form.

If center is to participate as an “independent center” or “sponsored unaffiliated center”, please complete Sections 23 through 30, as appropriate, and read the “Certification Statement” at the end of the application and sign and date the form.

21. To complete Section 23, identify the names of the local news media, minority or other grassroots organizations that will receive a news release concerning your center’s participation in the CACFP. A sample public release is attached. Each center is required under federal regulations to announce its participation in the CACFP. Please note that your center is **not** required to have the news releases published in newspapers as a legal notice. The public releases are to include the income eligibility guidelines for free and reduced-price meals and must be sent to the local news media, minority or other grassroots organizations in your center’s service area.
22. Complete Section 24 only if your center is a private non-profit or public entity with a governing Board of Directors. State colleges and universities are not required to complete this section.
23. To complete Section 25, enter the name, title and signature of each employee to sign claims for meal reimbursements.
24. To complete Section 26, identify your center’s anticipated dates of in-house training for employees performing CACFP duties. At least one training session for these employees must be conducted for the program year beginning October 1 and ending September 30.
25. To complete Section 27, enter the name and address of any bookkeeping or CPA firm that will perform accounting work for the center.
26. To complete Section 28, attach to your application one of the documents identified. If a financial statement is to be used to document your center’s financial viability, please ensure that the statement is contained on your center’s official stationery, and is signed and dated by an authorized representative. This section is to be completed only if your center is a non-governmental independent center which will directly contract with the Tennessee Department of Human Services.
27. In Section 29, please complete, sign and date the attached Sample Form to Document Required Management Controls and return it with your application. This section is to be completed only if your center is a non-governmental independent center which will directly contract with the Tennessee Department of Human Services.

28. In Section 30, answer each question for center's Civil Rights' compliance. If center has previously received a Civil Rights' complaint, please attach additional information on the action that has been taken to address the complaint and on the current status of the complaint.
29. Carefully read the "Certification Statement". If there is any portion of the statement which is not fully understood, contact DHS staff at (615) 313-4749.
30. As part of the "Certification Statement" enter the name and title of the employees to review participant income eligibility applications and make determinations of participant eligibility for free and reduced-price meal reimbursements. Also, enter the names of the publicly funded programs that your center has participated in during the last seven years.
31. Enter the name and title and signature and date of signature of your center's board chairperson or authorized representative, or if privately owned, enter the name, signature and date of signature of the owner or corporate representative who has management responsibility for the center.
32. Retain one (1) copy for center's files and return the other completed copy to the Department.

Meal Payments

The CACFP provides payments for meals which meet required meal patterns and which are served to participating children. The payments are based on rates established annually by the U.S. Department of Agriculture. The meal payment rates for child care centers are based on the eligibility of participating children and on the type of meals served. The eligibility of participating children is divided into three categories: free, reduced-price and paid. The highest meal payments are provided for children who are placed in the free eligibility category. The lowest meal payments are provided for children who are placed in the paid category. To determine the eligibility category of each participating child, an income eligibility application must be completed by a parent or guardian of each child. Each completed application must then be reviewed by an official of the center who determines whether the application should be approved for free, reduced-price or paid meal payments. If an application is not returned by a parent or guardian, or the application does not meet the requirements for the free and reduced-price eligibility categories, the application must be placed in the paid category.

Income Eligibility Application for Free and Reduced-Price Meals

An income eligibility application form is attached for your use. Please note that a current and complete application must be on file for each eligible participant who is claimed for free or reduced-price meal payments. No application is required for children who are claimed for paid meal payments. An application is current if the parent signature date is no older than one year.

Income Eligibility Guidelines

To determine if a child is eligible for the free or reduced-price meal payments, the attached

income eligibility guidelines must be used. Two (2) versions of the income guidelines are attached. The copy with only the reduced-price income guidelines is to be attached to the parent or household letter. The copy with both the free and reduced-price guidelines is to be attached to the public release discussed below, and is to be used in determining a participant's eligibility for free or reduced-price meal payments.

If a household currently receives Food Stamps or Families First (FF) assistance for any child, the child is categorically eligible for the free meal payment.

Sample Parent or Household Letter

A sample letter which may be used to send out the income eligibility application and reduced-price income guidelines is attached. If you wish to use another letter, you must submit it for DHS approval.

Public Release

Subject to federal regulations, each center must announce its participation in the CACFP. You will find attached a form which is to be used for this purpose. Please note that your center is **not** required to have the public release published in newspapers as a legal notice. To complete the public release, complete the following:

1. Fill in the name of the center and list the names of the facilities which will be participating in the program; and
2. Provide copies of the public release and the free and reduced-price income guidelines to the news media, and minority or grassroots organizations serving the area from which you draw attendance.

Required Menus for New Centers

If the center is entering the CACFP for the first time, a one week sample menu must be submitted to DHS for review and approval. Sample menu forms are attached for your use or you may submit your own menus for DHS approval. If the center is now participating in the program and will be submitting renewal application, you do not have to submit menus for DHS approval.

Choice of Meal Payment Method for New Centers

Meal payments may be provided through two methods. The most used method is claiming percentages. Under the claiming percentages method of reimbursement, a center reports, in part, the numbers of each type of meal served during a month and the numbers of children in the free, reduced-price and paid eligibility categories. The computer software program of the DHS then provides reimbursement payments based on the percentage of children in each eligibility category multiplied by the federal rates of reimbursement multiplied by the number of meals. Under the claiming percentages method of reimbursement there is less record-keeping requirements in that a center does not have to record the number of meals served separately to the free, reduced-price and paid children.

Under the actual count method of meal reimbursement, a center must record the meals served separately to the free, reduced-price and paid children. This method of reimbursement is used by less than 1% of the centers currently participating in the program. DHS will use the claiming percentages method for your center unless otherwise advised.

Mailing Address for Application

Please return one (1) original of your application package to the following address:

Tennessee Department of Human Services
Citizens Plaza Building, CACFP Unit
400 Deaderick Street
Nashville, Tennessee 37248-9500

Pre-Operational Visit by DHS Personnel

If your center will participate in the CACFP for the first time or after an absence of six months or more, a DHS representative will contact your center to arrange for a pre-operational visit. This visit may be conducted at your center or at an off-site location. The visit will occur prior to the submission of a claim for reimbursement, and will provide training and technical assistance for meal requirements and record-keeping responsibilities.